

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different  
than previously  
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2011

through

08

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR William Herrington

Signature of Treasurer

Electronically Filed by DR William Herrington

Date

09

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2011</span>		694551.36
(b) Cash on Hand at Beginning of Reporting Period .....	933684.15	
(c) Total Receipts (from Line 19) .....	69521.86	925026.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1003206.01	1619577.93
7. Total Disbursements (from Line 31) .....	30090.30	646462.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	973115.71	973115.71
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	63644.95	826198.59
(ii) Unitemized .....	5874.00	98774.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	69518.95	924973.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	69518.95	924973.25
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2.91	53.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	69521.86	925026.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	69521.86	925026.57

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	628000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	2520.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	2520.00	
29. Other Disbursements.....	1090.30	15942.22	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30090.30	646462.22	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30090.30	646462.22	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	69518.95	924973.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2520.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69518.95	922453.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Johnson

Mailing Address 2236 Oakleigh Dr

City

Murfreesboro

State

TN

Zip Code

37129-0857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midstate Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 2 / 2 0 1 1

Transaction ID: 41475169

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Krol

Mailing Address 2113 94th Ave NE

City

Clyde Hill

State

WA

Zip Code

98004-2521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lenox Hill Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 1

Transaction ID: 41483483

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kara Carlson

Mailing Address 2710 107th Ave SE

City

Beaux Arts

State

WA

Zip Code

98004-7215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 1

Transaction ID: 41483490

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven Schoenecker

Mailing Address 2256 71st Ave SE

City

Mercer Island

State

WA

Zip Code

98040-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	1	1

Transaction ID: 41483980

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Milton Van Hise

Mailing Address 16108 79th Ave SE

City

Snohomish

State

WA

Zip Code

98296-8618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	1	1

Transaction ID: 41484463

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Linda Sing

Mailing Address 106 S 89th St

City

Omaha

State

NE

Zip Code

68114-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Creighton Univ School of  
Med

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	1	1

Transaction ID: 41484476

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Ager

Mailing Address 4712 E 40th Ave

City

Spokane

State

WA

Zip Code

99223-1272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockwood Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	1

Transaction ID: 41484513

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Oliver Ochs

Mailing Address 1543 NW Woodbine Way

City

Seattle

State

WA

Zip Code

98177-5338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U of Colorado Hlth Sci Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	1

Transaction ID: 41484540

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John McGowan, JR

Mailing Address 402 10th Ave W

City

Kirkland

State

WA

Zip Code

98033-5314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Nebraska Medical  
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	1

Transaction ID: 41484569

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alan D. Chan

Mailing Address 18875 164th AVE NE

City

Woodinville

State

WA

Zip Code

98072-6405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 1

Transaction ID: 41484602

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Manfred Henne

Mailing Address InHealth Imaging  
20700 Bond Rd Bldg B

City

Poulsbo

State

WA

Zip Code

98370-9099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
InHealth Imaging LLC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 1

Transaction ID: 41484621

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Christy

Mailing Address Radiologic Center Inc  
8303 Dodge St

City

Omaha

State

NE

Zip Code

68114-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiologic Center Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 1

Transaction ID: 41484623

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alice Josafat

Mailing Address 1117 Daley Pl

City

Edmonds

State

WA

Zip Code

98020-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	1

Transaction ID: 41484629

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ian Ch'en

Mailing Address 17327 NE 126th Pl

City

Redmond

State

WA

Zip Code

98052-2295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	1

Transaction ID: 41484631

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Maria Chong

Mailing Address 15617 NE 153rd St

City

Woodinville

State

WA

Zip Code

98072-8126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radia Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	1

Transaction ID: 41484643

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Allen

Mailing Address 2027A Minor Ave E

City

Seattle

State

WA

Zip Code

98102-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 1

Transaction ID: 41484680

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jamie Wong

Mailing Address 15702 Snee-oosh Rd.

City

La Conner

State

WA

Zip Code

98257-8927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 1

Transaction ID: 41485002

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Bauman

Mailing Address 4102 131st Ave SE

City

Bellevue

State

WA

Zip Code

98006-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 1

Transaction ID: 41485078

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Stewart

Mailing Address X-Ray Associates of NM PC

8020 Constitution Place NE Ste 202

City

State

Zip Code

Albuquerque

NM

87110-7640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
New Mexico

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 41487378

Amount of Each Receipt this Period

249.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James LaManna

Mailing Address 513 Clarion Drive

City

State

Zip Code

Gillette

WY

82718-7596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gillette Medical Imaging,  
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 41487379

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Palmer Blakley

Mailing Address 8148 Edgebrook Ln

City

State

Zip Code

Tinley Park

IL

60487-7011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Radiologists/J-  
oliet

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 41487380

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1749.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Murphy, JR

Mailing Address 1515 Holcombe Blvd.  
Uit 14-75

City State Zip Code  
Houston TX 77030-4000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Texas

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: 41487382

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Laurence Cambron

Mailing Address 3912 Dogwood PI

City State Zip Code  
Mount Vernon WA 98274-8750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Skagit Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 1

Transaction ID: 41491840

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Derek Jakes

Mailing Address 4755 Health Hill Rd

City State Zip Code  
Columbia SC 29206-4610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pitts Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 1

Transaction ID: 41501861

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Falgun Rathod

Mailing Address 53 Hawthorne Rd

City

Grosse Pointe Shor

State

MI

Zip Code

48236-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	1

Transaction ID: 41617043

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Maria Silva-Coll

Mailing Address 192 Calle Mimosa Urb Santa Maria

City

San Juan

State

PR

Zip Code

00927-6225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	1

Transaction ID: 41617218

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Cregan

Mailing Address Wayne Radiologists  
2700 Med Office Pl

City

Goldsboro

State

NC

Zip Code

27534-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	1

Transaction ID: 41647174

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Tashjian

Mailing Address 807 Summit Ave

City

Saint Paul

State

MN

Zip Code

55105-3355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Paul Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41647175

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Raymond Thomas

Mailing Address Florence Radiological  
515 Rosewood Drive

City

Florence

State

SC

Zip Code

29501-5455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florence Radiological Ass-  
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41647176

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Sloves

Mailing Address 4870 W Pinewild Rd

City

Reno

State

NV

Zip Code

89511-2779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Cross Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41649193

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Penor

Mailing Address 101 Dove Hollow Ct

City

Hot Springs

State

AR

Zip Code

71901-7329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Arkansas for Medi-  
cal Sci

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41649194

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Anderson

Mailing Address Mercy Hospital & Medical Clinical  
2120 W Schiller St

City

Chicago

State

IL

Zip Code

60622-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Physicians,  
Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41649195

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Harry

Mailing Address 136 Highview Rd

City

Stephenson

State

VA

Zip Code

22656-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winchester Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41649196

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Shane Kraske

Mailing Address 37 Columbine Ct

City

Iowa City

State

IA

Zip Code

52246-8716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiologic Medical Services,  
Coralville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41649197

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Randall S. Winn

Mailing Address Reading Hospital & Med Ctr  
PO Box 16052

City

Reading

State

PA

Zip Code

19612-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Reading Radiology Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41649249

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bill Warren

Mailing Address UWMC  
Box 357115

City

Seattle

State

WA

Zip Code

98195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Washington

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41649251

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brendan Doherty

Mailing Address 1512 Pinemont Dr

City

Columbia

State

SC

Zip Code

29206-4422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. Army

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41649252

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bradford Richmond

Mailing Address Cleveland Clinic Foundation  
9500 Euclid Ave

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland Clinic Foundati-  
on

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650335

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Beloni

Mailing Address 5624 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650337

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Alson

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650338

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Conlin

Mailing Address 6590 Andersonville Rd

City

Clarkston

State

MI

Zip Code

48346-2794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRA of Flint, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650339

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ira Adler

Mailing Address 879 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650340

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Buck

Mailing Address 272 Harrison Rd

City

Turtle Creek

State

PA

Zip Code

15145-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiologic Consultants,  
Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650431

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Rayda Hernandez-Guasch

Mailing Address Mail Boxes Etc  
89 Ave De Diego Ste 105

City

San Juan

State

PR

Zip Code

00927-6346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Puerto Rico

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650432

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC  
2090 Columbiana Rd.

City

Vestavia

State

AL

Zip Code

35216-2153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Birmingham  
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650433

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kent Lancaster

Mailing Address 3141 Sundance Path

City

Stevensville

State

MI

Zip Code

49127-9376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Berrie

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650607

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Imaging & Inter-  
ven specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2186.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650612

Amount of Each Receipt this Period

208.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Courtney

Mailing Address 27 Hillwood Rd

City

Mobile

State

AL

Zip Code

36608-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Mobile

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650906

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

292.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgecrest Court Rd

City

Vestavia Hls

State

AL

Zip Code

35242-0525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Birmingham Radiological  
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650909

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Cohen

Mailing Address 1480 Brookfield Rd

City

Yardley

State

PA

Zip Code

19067-3930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Affiliates of  
Central New Je

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41650914

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Raymond A. Armstrong

Mailing Address Radiology of Huntsville  
2006 Franklin St SE Ste 200

City

Huntsville

State

AL

Zip Code

35801-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Medical Ctr-Montc-  
lair

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41651266

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

223.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Lampert

Mailing Address 11595 E 26th St

City

Yuma

State

AZ

Zip Code

85367-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MDIG

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41651268

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deaconess Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41651269

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Hiken

Mailing Address 7109 Cove Pointe PI

City

Prospect

State

KY

Zip Code

40059-9680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diag. Imaging Alliance of  
Louisville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41651444

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

208.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 24 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Smith

Mailing Address Regional Diagnostic Radiology  
1406 6th Ave N

City State Zip Code  
Saint Cloud MN 56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Diagnostic Radio-  
logy

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: 41651447

Amount of Each Receipt this Period

208.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City State Zip Code  
Upper Saddle River NJ 07458-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663914

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City State Zip Code  
Hoboken NJ 07030-6730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663915

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

268.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 25 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663916

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663917

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

07624-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663918

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11K

City

New York

State

NY

Zip Code

10023-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663924

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr  
30 Prospect Ave

City

Hackensack

State

NJ

Zip Code

07601-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663925

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663926

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kavita Patel

Mailing Address 35 Annfield Ct

City

Staten Island

State

NY

Zip Code

10304-1301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663927

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663928

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663930

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663931

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10075-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663932

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663933

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Nicola

Mailing Address 80 Riverside Blvd  
Apt 14P

City State Zip Code  
New York NY 10069-0314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663934

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

Dr. Regina Chu

Mailing Address 15 Ogle Rd

City State Zip Code  
Old Tappan NJ 07675-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663935

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City State Zip Code  
Franklin Lakes NJ 07417-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663936

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

57.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City

Tenafly

State

NJ

Zip Code

07670-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663937

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663938

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City

New York

State

NY

Zip Code

10019-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663939

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

57.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Kim

Mailing Address 405 Golf Course Dr

City

Leonia

State

NJ

Zip Code

07605-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663940

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City

Tenafly

State

NJ

Zip Code

07670-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663941

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 334 W 86th St Apt 4C

City

New York

State

NY

Zip Code

10024-3157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663942

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

57.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gail Starr

Mailing Address 754 Drayton Pl

City

Rivervale

State

NJ

Zip Code

07675-6116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663943

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

Dr. Tara Anthes

Mailing Address 3919 Latona Ave NE Apt 403

City

Seattle

State

WA

Zip Code

98105-6860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663944

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Arnett

Mailing Address 9117 S Crestview Dr

City

Spokane

State

WA

Zip Code

99224-8420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663950

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

569.23

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Balmforth

Mailing Address 1710 E Sunburst Ln

City

Spokane

State

WA

Zip Code

99224-8331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663951

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ishwara Bhat

Mailing Address 525 S Cowley St

City

Spokane

State

WA

Zip Code

99202-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663952

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jayson Brower

Mailing Address 845 E Overbluff Rd

City

Spokane

State

WA

Zip Code

99203-3444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663953

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 34 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Rick Brunkan

Mailing Address 1117 S Wall St

City

Spokane

State

WA

Zip Code

99204-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663954

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Don Cubberley

Mailing Address Inland Imaging Associates, PS  
801 S Stevens St

City

Spokane

State

WA

Zip Code

99204-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663960

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Phillip Curtis, JR

Mailing Address 525 S Cowley St

City

Spokane

State

WA

Zip Code

99202-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663961

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 35 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Edens

Mailing Address 1302 E Welden Dr

City

Spokane

State

WA

Zip Code

99223-6361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663962

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Connie L. Emerson

Mailing Address 9805 NE 116th St PMB 7484

City

Kirkland

State

WA

Zip Code

98034-4248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663963

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Justin Frederick

Mailing Address 266 N Legacy Ridge Dr

City

Liberty Lake

State

WA

Zip Code

99019-7631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663964

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Florence Gin

Mailing Address PO Box 246

City

Nine Mile Falls

State

WA

Zip Code

99026-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663970

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Handy

Mailing Address 3310 S Quinimose Rd

City

Liberty Lake

State

WA

Zip Code

99019-9793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663972

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Keyes

Mailing Address 525 S. Cowley St.

City

Spokane

State

WA

Zip Code

99202-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663973

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Kirsch

Mailing Address 525 S Cowley St

City

Spokane

State

WA

Zip Code

99202-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663974

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Tasneem Lalani

Mailing Address 6106 147th PI NE

City

Redmond

State

WA

Zip Code

98052-4781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663975

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Terri Lewis

Mailing Address Inland Imaging  
525 S Cowley St

City

Spokane

State

WA

Zip Code

99202-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663976

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 38 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Lloyd

Mailing Address 461 Country Club Rd

City

Pullman

State

WA

Zip Code

99163-8674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663977

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth McCabe

Mailing Address 1216 E 36th Ave

City

Spokane

State

WA

Zip Code

99203-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663978

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Murray

Mailing Address Inland Imaging PS  
801 S Stevens

City

Spokane

State

WA

Zip Code

99204-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663979

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Rodney Raabe

Mailing Address 6316 S Auer St

City

Spokane

State

WA

Zip Code

99223-8330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663980

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robin Ratcliff

Mailing Address 525 S Cowley St

City

Spokane

State

WA

Zip Code

99202-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663981

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter Remedios

Mailing Address 24724 142nd Ave SE

City

Kent

State

WA

Zip Code

98042-5152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663982

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brian Rich

Mailing Address 1531 Gray Lynn Dr

City

Walla Walla

State

WA

Zip Code

99362-9282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663983

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Romano

Mailing Address 608 W Cotta Ave

City

Spokane

State

WA

Zip Code

99204-3729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663984

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Trent Sanders

Mailing Address Inland Imaging Associates  
801 S Stevens St

City

Spokane

State

WA

Zip Code

99204-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663985

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Justin Smith

Mailing Address 8488 Hunts Point Ln

City

Hunts Point

State

WA

Zip Code

98004-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663986

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven Sohn

Mailing Address 10705 NE 28th St

City

Bellevue

State

WA

Zip Code

98004-2045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663987

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Sterne

Mailing Address 1046 NE 88th Street

City

Seattle

State

WA

Zip Code

98115-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663988

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gordon Teel

Mailing Address 6514 S Devonshire Ct

City

Spokane

State

WA

Zip Code

99223-6230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663991

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Norbert Yee

Mailing Address 2129 N 63rd St

City

Seattle

State

WA

Zip Code

98103-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663992

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher M. Zylak

Mailing Address 6109 E 25th St

City

Spokane

State

WA

Zip Code

99223-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Imaging Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663993

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Jelinek

Mailing Address Washington Hospital Center  
110 Irving St NW BA94

City State Zip Code  
Washington DC 20010-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663994

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Berkenstock

Mailing Address P.O. Box 3555

City State Zip Code  
Lancaster PA 17604-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663995

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Brooks

Mailing Address 1930 Pickering Trl

City State Zip Code  
Lancaster PA 17601-4972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41663996

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

164.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Cindy Janesky

Mailing Address Lancaster Radiology Associates  
PO Box 3555

City State Zip Code  
Lancaster PA 17604-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664001

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kramer

Mailing Address 2147 Meadow Ridge Dr

City State Zip Code  
Lancaster PA 17601-5762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664003

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Leslie

Mailing Address 260 Eshelman Rd

City State Zip Code  
Lancaster PA 17601-5645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664004

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Leigh Shuman

Mailing Address Lancaster Radiology Associates  
PO Box 3555

City State Zip Code  
Lancaster PA 17604-3555

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664006

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Weybright

Mailing Address 1234 Mastersonville Rd

City State Zip Code  
Manheim PA 17545-9461

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664008

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Simon Westacott

Mailing Address 1965 Glendower Dr

City State Zip Code  
Lancaster PA 17601-4945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lancaster Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664009

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Anna Chen

Mailing Address 70 Lanoche Ct

City

Williamsville

State

NY

Zip Code

14221-1977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664012

Amount of Each Receipt this Period

62.52

**B.**

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664013

Amount of Each Receipt this Period

62.52

**C.**

Full Name (Last, First, Middle Initial)

Dr. X Cynthia Fan

Mailing Address 8232 Oakway Lane

City

Williamsville

State

NY

Zip Code

14221-2871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664014

Amount of Each Receipt this Period

62.52

**SUBTOTAL** of Receipts This Page (optional) .....

187.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Foti

Mailing Address 6545 Belle Way

City

East Amherst

State

NY

Zip Code

14051-2817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664015

Amount of Each Receipt this Period

62.52

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Hayes

Mailing Address 113 Knob Hill Rd

City

Orchard Park

State

NY

Zip Code

14127-3938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664016

Amount of Each Receipt this Period

62.52

**C.**

Full Name (Last, First, Middle Initial)

Dr. Markus K. Holzhauer

Mailing Address 5967 Corinne Ln

City

Clarence Center

State

NY

Zip Code

14032-9527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664017

Amount of Each Receipt this Period

62.52

**SUBTOTAL** of Receipts This Page (optional) .....

187.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Lahr

Mailing Address 81 Corrina Ln

City

Salem

State

CT

Zip Code

06420-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664018

Amount of Each Receipt this Period

62.52

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stuart Rubin

Mailing Address 8176 Driftwood Ct

City

Williamsville

State

NY

Zip Code

14221-8501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664019

Amount of Each Receipt this Period

62.52

**C.**

Full Name (Last, First, Middle Initial)

Dr. Teresa Small

Mailing Address 10540 Stoneway

City

Clarence

State

NY

Zip Code

14031-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664020

Amount of Each Receipt this Period

62.52

**SUBTOTAL** of Receipts This Page (optional) .....

187.56

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eric Snitzer

Mailing Address 5013 Rockhaven Dr

City

Clarence

State

NY

Zip Code

14031-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	1

Transaction ID: 41664021

Amount of Each Receipt this Period

62.52

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Summers

Mailing Address 13 Mourning Dove Ct

City

Orchard Park

State

NY

Zip Code

14127-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	1

Transaction ID: 41664022

Amount of Each Receipt this Period

62.52

**C.**

Full Name (Last, First, Middle Initial)

Dr. Janet Sung

Mailing Address 9765 Rocky Pt

City

Clarence

State

NY

Zip Code

14031-1589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	1

Transaction ID: 41664023

Amount of Each Receipt this Period

62.52

SUBTOTAL of Receipts This Page (optional) .....

187.56

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Wolf

Mailing Address 16 Whitecliff Dr

City

Pittsford

State

NY

Zip Code

14534-2928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	1

Transaction ID: 41664024

Amount of Each Receipt this Period

62.52

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Barr

Mailing Address Mecklenburg Radiology Assoc  
PO Box 221249

City

Charlotte

State

NC

Zip Code

28222-1249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mecklenburg Radiology Ass-  
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	1

Transaction ID: 41664026

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eric Stein

Mailing Address Bryn Mawr Hospital  
130 S Bryn Mawr Ave

City

Bryn Mawr

State

PA

Zip Code

19010-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
the Main Line

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	1

Transaction ID: 41664056

Amount of Each Receipt this Period

108.34

SUBTOTAL of Receipts This Page (optional) .....

191.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Enochs

Mailing Address 230 Poplar Ave

City

Wayne

State

PA

Zip Code

19087-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas Jefferson Universi-  
ty Ho

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: 41664064

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Shehata

Mailing Address 641 N Rivoli Farms Dr

City

Macon

State

GA

Zip Code

31210-5366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 41669946

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Muneer Desai

Mailing Address 1936 4th Ave W

City

Seattle

State

WA

Zip Code

98119-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Washington

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: 41669993

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Philip Massey

Mailing Address 14983 Gold Post Ct

City

Centreville

State

VA

Zip Code

20121-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Radiology Associ-  
ates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	1	1

Transaction ID: 41680084

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Koepke

Mailing Address 8384 Creedmore South Dr

City

Warrenton

State

VA

Zip Code

20187-8911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Radiology Associ-  
ates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	1	1

Transaction ID: 41804983

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Hendrix

Mailing Address 6112 Beaver Creek Rd

City

Oklahoma City

State

OK

Zip Code

73162-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants, In-  
c.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	1	1

Transaction ID: 41804984

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul H. Moore, JR

Mailing Address Singing River Radiology Group, PA  
1365 Market St

City State Zip Code  
Pascagoula MS 39567-6604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Singer River Radiology Gr-  
oup

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 1 1

Transaction ID: 41804985

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Philip Weirnerman

Mailing Address 92 Stanbery Avenue

City State Zip Code  
Columbus OH 43209-1464

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Riverside Methodist Hospi-  
tal

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 41809611

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jason Stoane

Mailing Address 2369 N Shore Rd

City State Zip Code  
Bellingham WA 98226-7851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwest Radiologists,  
Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41845490

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Samuel Hill, IV

Mailing Address 1860 Houndsfield Dr

City

Florence

State

SC

Zip Code

29506-8552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florence Radiological Ass-  
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859259

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher McManus

Mailing Address 9 Collins Crest Ct

City

Greenville

State

SC

Zip Code

29607-3774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Forest Univ School  
of Med

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859260

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Hugo Falcon, JR

Mailing Address 412 Herrington Dr NE

City

Atlanta

State

GA

Zip Code

30342-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diagnostic Imaging Specia-  
lists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859261

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Thomeier

Mailing Address 1180 Saint Mellon Dr

City

Presto

State

PA

Zip Code

15142-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tycor Imaging Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859262

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Bernauer

Mailing Address 13 Pintail PI

City

Appleton

State

WI

Zip Code

54913-8068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Appleton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859263

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jennifer Westmoreland

Mailing Address 4524 90th Ave SE

City

Mercer Island

State

WA

Zip Code

98040-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Health Permanente

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859386

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Locke Barber

Mailing Address 201 Haines Dr

City

Moorestown

State

NJ

Zip Code

08057-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
New Jersey

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859390

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Roy Siragusa

Mailing Address 28 Winding Creek Way

City

Ormond Beach

State

FL

Zip Code

32174-6773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859391

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Raskin

Mailing Address 144 N Sewalls Point Rd

City

Sewalls Point

State

FL

Zip Code

34996-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael M. Raskin, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859392

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Chambers

Mailing Address 1005 Des Peres Woods Ct.

City

Des Peres

State

MO

Zip Code

63131-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 1

Transaction ID: 41859394

Amount of Each Receipt this Period

525.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City

Wall Township

State

NJ

Zip Code

07719-9648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jersey Shore Radiology As-  
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859406

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Howard Bear

Mailing Address 4931 Pearlman Way

City

San Diego

State

CA

Zip Code

92130-2789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Diego Imaging Medical  
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859410

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

615.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Geraldine McGinty

Mailing Address 131 Avenue B Apt 3C

City

New York

State

NY

Zip Code

10009-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montefiore Imaging Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859412

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

Mailing Address Gundersen/Lutheran Med Ctr  
1900 South Ave C02-002

City

La Crosse

State

WI

Zip Code

54601-5467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gundersen Lutheran Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859413

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carlos Mendez-Bryan

Mailing Address 1485-2 Ashford Ave Apt 903-2

City

San Juan

State

PR

Zip Code

00907-1598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital Oriente Font War-  
telo

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859414

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

233.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Webb

Mailing Address 9132 E 101st Pl

City

Tulsa

State

OK

Zip Code

74133-6912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Oklahoma Health  
Sci Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859415

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 2466 Oak Bend Pl

City

Newburgh

State

IN

Zip Code

47630-8053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of Delaware

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859418

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Crummy

Mailing Address 2509 Middleton Beach Rd

City

Middleton

State

WI

Zip Code

53562-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Madison Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859419

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional) .....

355.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Ray

Mailing Address 1907 Redbud Lane

City

Bloomington

State

IL

Zip Code

61704-2773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bloomington Radiology SC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859420

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859422

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Brannon

Mailing Address 7 Foxglove Ct

City

Greenville

State

SC

Zip Code

29615-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859424

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

182.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Rawson

Mailing Address Medical College of Georgia  
1120 15th St BA1414

City State Zip Code  
Augusta GA 30912-0004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical College of Georgia

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859426

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code  
Monroe NC 28110-8408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859430

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Rogers

Mailing Address 802 West Gap Creek Road

City State Zip Code  
Greer SC 29651-5065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greenville Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859431

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

167.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859432

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc  
3704 North Blvd Ste A

City

Alexandria

State

LA

Zip Code

71301-3658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central LA Imaging Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859435

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Galdino

Mailing Address 9 Applestone Dr

City

Jackson

State

TN

Zip Code

38305-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson Radiology Associa-  
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.01

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859437

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

183.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. W Shawn Conwell

Mailing Address 293 Piney Bluff Rd

City

Rembert

State

SC

Zip Code

29128-9630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pitts Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859438

Amount of Each Receipt this Period

625.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Wittry

Mailing Address 10525 Concord School Rd

City

Saint Louis

State

MO

Zip Code

63128-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West County Radiological  
Group, Inc.

Occupation

Cardiac Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859441

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Bezreh

Mailing Address South Shore Hospital  
55 Fogg Rd

City

South Weymouth

State

MA

Zip Code

02190-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Shore Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.60

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859442

Amount of Each Receipt this Period

111.12

**SUBTOTAL** of Receipts This Page (optional) .....

821.12

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Elsie Cintron

Mailing Address Urb San Francisco  
125 Aleli StCity State Zip Code  
San Juan PR 00927-6306FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UAMCOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859445

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Martin Schwartz

Mailing Address Radiology Associates of Birmingham  
2090 Columbiana Rd Ste 4400City State Zip Code  
Vestavia AL 35216-2152FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology Associates of  
Birmingham, PCOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859451

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Amy Kirby

Mailing Address 14708 Hollyhock Dr

City State Zip Code  
Oklahoma City OK 73142-1804FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Eagle Eye ImagingOccupation  
Radiology Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859453

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Ehlert

Mailing Address Singing River Radiology Grp, PA  
1365 Market StCity State Zip Code  
Pascagoula MS 39567-6604FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Singing River Radiology  
GrpOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859474

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thurman Polchow

Mailing Address Singing River Radiology  
1365 Market StCity State Zip Code  
Pascagoula MS 39567-6604FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859475

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jim Gray

Mailing Address 703 Pascagoula St

City State Zip Code  
Pascagoula MS 39567-7232FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859476

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Manoj Bhatia

Mailing Address Lake Imaging Center  
PO Box 491633

City	State	Zip Code
Leesburg	FL	34749-1633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859477

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mahrad Paymani

Mailing Address 7635 Frog Log Ln

City	State	Zip Code
Leesburg	FL	34748-9170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859478

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frans Van Dijk

Mailing Address 1965 Bridgewater Dr

City	State	Zip Code
Lake Mary	FL	32746-6911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859482

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jerry Carroll

Mailing Address 34323 Parkview Ave

City

Eustis

State

FL

Zip Code

32736-7260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859483

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Pairoj Sea Chang

Mailing Address Radiology Assoc of Central FL  
801 E Dixie Ave Ste 104

City

Leesburg

State

FL

Zip Code

34748-7601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859484

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rosendo Diaz

Mailing Address 801 E Dixie Ave Ste 104

City

Leesburg

State

FL

Zip Code

34748-7601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859485

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Held, II

Mailing Address 39144 Harbor Hills Blvd

City

Lady Lake

State

FL

Zip Code

32159-5931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859486

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles Steve Houston

Mailing Address 38901 Berchfield Rd

City

Lady Lake

State

FL

Zip Code

32159-3935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859489

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Cathrine Keller

Mailing Address 30049 Johnsons Point Rd

City

Leesburg

State

FL

Zip Code

34748-9214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859490

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Levine

Mailing Address Lake Medical Imaging  
801 E Dixie AveCity State Zip Code  
Leesburg FL 34748-7699FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Lake Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859491

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Yi Liu

Mailing Address 39842 Darlington Ave

City State Zip Code  
Lady Lake FL 32159-3352FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Lake Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859492

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John McMullen, III

Mailing Address 1771 Heim Rd

City State Zip Code  
Mount Dora FL 32757-3617FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Lake Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID: 41859493

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Romil Patel

Mailing Address 894 Saybrook Ln

City

Buffalo Grove

State

IL

Zip Code

60089-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859494

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Marc Schwartzberg

Mailing Address 801 E Dixie Ave

City

Leesburg

State

FL

Zip Code

34748-7699

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859495

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anton Serafini

Mailing Address 173 Harston Ct

City

Lake Mary

State

FL

Zip Code

32746-6973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859496

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Weyn

Mailing Address 801 E Dixie Ave Ste 104

City

Leesburg

State

FL

Zip Code

34748-7601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859497

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Maurice Yoskin

Mailing Address PO Box 78

City

Eastlake Weir

State

FL

Zip Code

32133-0078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: 41859498

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Campbell, JR

Mailing Address Bay Radiology Associates, PA  
527 N Palo Alto Ave

City

Panama City

State

FL

Zip Code

32401-3639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009016

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Carl Bailey, JR

Mailing Address 710 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009017

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lloyd Logue

Mailing Address 2233 W 33rd St

City

Panama City

State

FL

Zip Code

32405-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009018

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Presser

Mailing Address 706 Bunkers Cove Rd

City

Panama City

State

FL

Zip Code

32401-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009019

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA  
PO Box 1770

City State Zip Code  
Panama City FL 32402-1770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bay Radiology Associates,  
P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009021

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Strohmer

Mailing Address 2818 Canal Dr

City State Zip Code  
Panama City FL 32405-1610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bay Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009499

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jason Browning

Mailing Address 1016 Sunset Ln

City State Zip Code  
Lynn Haven FL 32444-3455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bay Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009501

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Wendy Kriegel

Mailing Address 528 S Bonita Ave

City

Panama City

State

FL

Zip Code

32401-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009502

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City

Panama City

State

FL

Zip Code

32401-3958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009504

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brian Baxter

Mailing Address 9151 Clarkson Rd

City

Rapid City

State

SD

Zip Code

57702-9193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009505

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Baxter

Mailing Address Radiology Associates  
PO Box 8130

City State Zip Code  
Rapid City SD 57709-8130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009544

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Rebecca Belsaas

Mailing Address 5980 Wildwood Dr

City State Zip Code  
Rapid City SD 57702-8818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009545

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Durst, JR

Mailing Address 5353 Berglund Rd

City State Zip Code  
Rapid City SD 57701-8914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009546

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Frost

Mailing Address 7660 Elkhart Rd

City

State

Zip Code

Rapid City

SD

57702-4793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009547

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Leo Flynn

Mailing Address 5625 Blue Stem Ct

City

State

Zip Code

Rapid City

SD

57702-8990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of OK Hlth Sci

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009548

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Habbe

Mailing Address 13891 Clydesdale Rd

City

State

Zip Code

Rapid City

SD

57702-7339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009679

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Saffell

Mailing Address 3981 Forest Park Cir

City

State

Zip Code

Rapid City

SD

57702-6927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009680

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Janet Shaefer

Mailing Address Dakota Radiology  
2929 5th Street First Floor

City

State

Zip Code

Rapid City

SD

57701-7363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009681

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jon Stenberg

Mailing Address 403 N Berry Pine Rd

City

State

Zip Code

Rapid City

SD

57702-1856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009682

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David White

Mailing Address 7800 Columbine Ct

City

Rapid City

State

SD

Zip Code

57702-9080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dakota Radiology Associat-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009683

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Zavitz

Mailing Address 3980 Corral Dr

City

Rapid City

State

SD

Zip Code

57702-9283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates, LLC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009707

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Vanessa Albernaz

Mailing Address 507 Guilder Ln

City

Greenville

State

NC

Zip Code

27858-6581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009708

Amount of Each Receipt this Period

126.00

**SUBTOTAL** of Receipts This Page (optional) .....

1326.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Berry

Mailing Address 1505 Trafalgar Rd.

City

Winterville

State

NC

Zip Code

28590-9823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009709

Amount of Each Receipt this Period

126.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Karl Chiang

Mailing Address Eastern Radiologists Inc  
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009710

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Clark

Mailing Address 324 Dupont Cir

City

Greenville

State

NC

Zip Code

27858-6520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009711

Amount of Each Receipt this Period

126.00

**SUBTOTAL** of Receipts This Page (optional) .....

378.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Melissa Duncan

Mailing Address 1806 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009722

Amount of Each Receipt this Period

126.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Tobin Andrew Finizio, II

Mailing Address 3506 Lakeview Trl

City

Kinston

State

NC

Zip Code

28504-8183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009723

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Leonard Gibson, JR

Mailing Address 1100 Woodland Dr NW

City

Wilson

State

NC

Zip Code

27893-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009724

Amount of Each Receipt this Period

126.00

**SUBTOTAL** of Receipts This Page (optional) .....

378.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ericka Griffin

Mailing Address 2706 Isaac Dr

City

Goldsboro

State

NC

Zip Code

27530-8119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009725

Amount of Each Receipt this Period

126.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Herlong

Mailing Address 1212 Sweetbriar Cir

City

Kinston

State

NC

Zip Code

28501-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009726

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dennis Johnson

Mailing Address Eastern Radiologists Inc  
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009732

Amount of Each Receipt this Period

126.00

**SUBTOTAL** of Receipts This Page (optional) .....

378.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Henryk Kowalski

Mailing Address 512 Chesapeake PI

City

Greenville

State

NC

Zip Code

27858-0678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009733

Amount of Each Receipt this Period

126.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City

Greenville

State

NC

Zip Code

27858-8441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009734

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Lewis

Mailing Address 518 Chesapeake PI

City

Greenville

State

NC

Zip Code

27858-0678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009735

Amount of Each Receipt this Period

126.00

**SUBTOTAL** of Receipts This Page (optional) .....

378.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Lurito

Mailing Address Eastern Radiologists  
9 Doctors Park

City State Zip Code  
Greenville NC 27834-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009736

Amount of Each Receipt this Period

126.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eric M. Martin

Mailing Address 1818 Bloomsbury Rd

City State Zip Code  
Greenville NC 27858-9612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009746

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael McLaughlin

Mailing Address Eastern Radiologists Inc  
2101 W Arlington Blvd Ste 210

City State Zip Code  
Greenville NC 27834-5758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009747

Amount of Each Receipt this Period

126.00

**SUBTOTAL** of Receipts This Page (optional) .....

378.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Picton

Mailing Address 1911 NC Highway 121

City

Greenville

State

NC

Zip Code

27834-7187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009748

Amount of Each Receipt this Period

126.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Potter

Mailing Address 1803 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009749

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Robinette

Mailing Address 680 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-7858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009750

Amount of Each Receipt this Period

126.00

**SUBTOTAL** of Receipts This Page (optional) .....

378.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Sayers

Mailing Address 1807 Bloomsbury Rd

City

Greenville

State

NC

Zip Code

27858-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009774

Amount of Each Receipt this Period

126.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Schroeder

Mailing Address 738 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009775

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Heather Seymour

Mailing Address Eastern Radiologists Inc.  
9 Doctors Park

City

Greenville

State

NC

Zip Code

27834-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009776

Amount of Each Receipt this Period

126.00

**SUBTOTAL** of Receipts This Page (optional) .....

378.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Shusterman

Mailing Address Eastern Radiologists Inc  
9 Doctors Park

City	State	Zip Code
Greenville	NC	27834-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern RadiologistsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009777

Amount of Each Receipt this Period

126.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. C Steinbaker

Mailing Address 2859 Drake Mallard Dr

City	State	Zip Code
Grimesland	NC	27837-9509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009778

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Thaxton

Mailing Address 2301 Harvest Mnr

City	State	Zip Code
Greenville	NC	27858-7800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009808

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional) .....

378.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Roger Vithalani

Mailing Address 516 Chesapeake Place

City

Greenville

State

NC

Zip Code

27858-0678

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009809

Amount of Each Receipt this Period

126.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bobby Walters, JR

Mailing Address 2231 Lexington Farms Court

City

Greenville

State

NC

Zip Code

27834-7765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009810

Amount of Each Receipt this Period

126.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas West

Mailing Address Eastern Radiologists Inc  
2101 W Arlington Blvd Ste 210

City

Greenville

State

NC

Zip Code

27834-5758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009811

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional) .....

378.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009812

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009844

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009845

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009846

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

07624-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009847

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11K

City

New York

State

NY

Zip Code

10023-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009849

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address Hackensack University Medical Ctr  
30 Prospect Ave

City State Zip Code  
Hackensack NJ 07601-1914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009869

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City State Zip Code  
New York NY 10023-7451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009870

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kavita Patel

Mailing Address 35 Annfield Ct

City State Zip Code  
Staten Island NY 10304-1301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hackensack Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009871

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009872

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009873

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009897

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10075-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009898

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009899

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Regina Chu

Mailing Address 15 Ogle Rd

City

Old Tappan

State

NJ

Zip Code

07675-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009900

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

79.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City

Franklin Lakes

State

NJ

Zip Code

07417-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009901

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City

Tenafly

State

NJ

Zip Code

07670-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009914

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009915

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

57.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City

New York

State

NY

Zip Code

10019-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009916

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Kim

Mailing Address 405 Golf Course Dr

City

Leonia

State

NJ

Zip Code

07605-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009917

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City

Tenafly

State

NJ

Zip Code

07670-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: 42009918

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

57.69

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 334 W 86th St Apt 4C

City

New York

State

NY

Zip Code

10024-3157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009945

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gail Starr

Mailing Address 754 Drayton Pl

City

Rivervale

State

NJ

Zip Code

07675-6116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009947

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Nicola

Mailing Address 80 Riverside Blvd  
Apt 14P

City

New York

State

NY

Zip Code

10069-0314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	1

Transaction ID: 42009948

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional) .....

57.69

TOTAL This Period (last page this line number only) .....

63644.95

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Schakowsky For Congress

Mailing Address P.O. Box 5130

City  
Evanston

State  
IL

Zip Code  
60204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Janice D. Schakowsky

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District: 09

Transaction ID: 40972313

Date of Disbursement

08 / 14 / 2011

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Kristi For Congress

Mailing Address PO Box 852

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Ms. Kristi Noem

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD

District: 00

Transaction ID: 41163248

Date of Disbursement

08 / 02 / 2011

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Guthrie For Congress

Mailing Address PO Box 9639

City  
Bowling Green

State  
KY

Zip Code  
42102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Brett Guthrie

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District: 02

Transaction ID: 41178325

Date of Disbursement

08 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

BRETTTAC

Mailing Address 608 MONTGOMERY AVENUE

City  
ELIZABETHTOWNState  
KYZip Code  
42701

Purpose of Disbursement

Candidate Name  
BRETTTACOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 41178441

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	1

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Kristi For Congress

Mailing Address PO Box 852

City  
Sioux FallsState  
SDZip Code  
57101

Purpose of Disbursement

Candidate Name  
Ms. Kristi NoemOffice Sought: ☒ House  
☐ Senate  
☐ President

State: SD District: 00

Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 41178542

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Gingrey For Congress

Mailing Address PO Box U

City  
MariettaState  
GAZip Code  
30060

Purpose of Disbursement

Candidate Name  
Rep. Phil Gingrey, M.D.Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 11

Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 41179198

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	1

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Trey Gowdy For Congress	<b>Transaction ID:</b> 41179255 <b>Date of Disbursement</b>																				
Mailing Address PO Box 3324	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	1	1												
City Spartanburg State SC Zip Code 29304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Trey Gowdy	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Jon Runyan For Congress, Inc	<b>Transaction ID:</b> 41472813 <b>Date of Disbursement</b>																				
Mailing Address PO Box 225	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	1												
City Colonia State NJ Zip Code 07067	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Jon Runyan	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) John S Fund	<b>Transaction ID:</b> 41681694 <b>Date of Disbursement</b>																				
Mailing Address PO Box 65796	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	1	1												
City Washington State DC Zip Code 20035	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name John S Fund	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 101

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Keystone PAC	<b>Transaction ID:</b> 41681695 <b>Date of Disbursement</b>
Mailing Address P.O. Box 29	<div> <div>08</div> <div>18</div> <div>2011</div> </div>
City Uwchland State PA Zip Code 19480	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Keystone PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Glenn Thompson	<b>Transaction ID:</b> 41681704 <b>Date of Disbursement</b>
Mailing Address PO Box 1112	<div> <div>08</div> <div>19</div> <div>2011</div> </div>
City State College State PA Zip Code 16804	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Glenn Thompson	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Tim Murphy For Congress	<b>Transaction ID:</b> 41682156 <b>Date of Disbursement</b>
Mailing Address PO Box 24551	<div> <div>08</div> <div>11</div> <div>2011</div> </div>
City Pttsburgh State PA Zip Code 15234	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>3000.00</div>
Candidate Name Rep. Tim F. Murphy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**7500.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Guthrie For Congress

Mailing Address PO Box 9639

City  
Bowling GreenState  
KYZip Code  
42102

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Brett GuthrieOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: 41682878

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Boustany Jr Md For Congress, Inc

Mailing Address PO Box 80126

City  
LafayetteState  
LAZip Code  
70598

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Charles W. Boustany, Jr.Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 41809881

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	1

Amount of Each Disbursement this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Boustany Jr Md For Congress, Inc

Mailing Address PO Box 80126

City  
LafayetteState  
LAZip Code  
70598

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Charles W. Boustany, Jr.Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 41809882

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

29000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 42017344

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2011

Amount of Each Disbursement this Period

1090.30

Bank Fees

SUBTOTAL of Disbursements This Page (optional) .....

1090.30

TOTAL This Period (last page this line number only) .....

1090.30